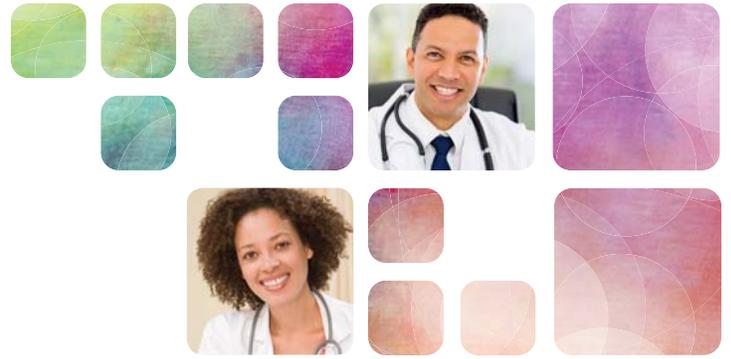


Provider Newsletter

Hawai'i | 2017 | Issue III



Annual Wellness Visit and Additional Annual Physical

Good news! 'Ohana has improved the way it pays Annual Wellness Exams and Additional Annual Physicals.

Members no longer have to wait 365 days for these exams and can now get them every calendar year! Don't wait another day to see your patients! If the member has yet to have their additional annual physical already this year, we will cover that NOW to help members get the preventive care they need before the end of the year.

Register Now! 'Ohana's New Provider Portal

You wanted a simpler, more efficient way to interact with us. We delivered. The new portal is now live and packed with features to help you care for your patients – our members – to ensure they have a positive health care experience.

Login or register now at <https://provider.wellcare.com>

The portal features improved claims and authorizations tools, a more holistic view of member information and some new tools that offer more convenient ways for you to connect with us. Features such as the My Practice area allow provider administrators to manage their users, permissions and access requests. The Visit Checklist feature will enable you to quickly create, print and submit an appointment agenda.

For information on how to use the new Provider Portal and more, watch this video: www.wellcare.com/providers/video

Or access video training here: <https://www.wellcare.com/Providers/New-Provider-Portal-Overview-Training>

If you have questions, please contact your local Provider Relations representative, or call Provider Services.

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Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.



We're in this together: *Quality Health Care*





Provider Formulary Updates

Medicaid:

There have been updates to the QUEST Integration Preferred Drug List (PDL). Visit www.ohanahealthplan.com/provider/pharmacy to view the current PDL and pharmacy updates.

You can also refer to the Provider Manual available at www.ohanahealthplan.com/provider/medicaid/resources to view more information on 'Ohana's pharmacy Utilization Management (UM) policies/procedures.

Community Care Services:

Visit www.ohanaccs.com/provider/pharmacy to view the current PDL and pharmacy updates.

You can also refer to the *Provider Manual* available at www.ohanaccs.com/provider to view more information on 'Ohana's pharmacy UM policies and procedures.

Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at www.ohanahealthplan.com/provider, and select *Pharmacy*.

You can also refer to the *Provider Manual* available at www.ohanahealthplan.com/provider, and click *Resources* under Medicare icon. You can also view more information on 'Ohana's pharmacy UM policies and procedures.



Engaging New Members

When building long-term relationships with our members, first impressions matter. A member enrolls into a plan, and then what? As part of our quality care initiative, our retention team created a New Member Orientation (NMO) Program for members who are in the first 90 days of their enrollment in an 'Ohana plan.

We invite members by postcard or phone to sessions conducted within our markets by 'Ohana representatives. NMOs provide a face-to-face forum for members to learn about their plan, ask questions and understand 'Ohana processes. The sessions usually take place at local venues (i.e., public libraries, etc.). The tone is friendly and welcoming, and topics typically include an overview of our provider network, preventive services and more.

Orientation sessions have been linked to improved member use of benefits. Engaging members, giving them tools to understand their benefits and enhancing member retention is our goal.

Suggestions to Improve Your Immunization Services

As we wrap up National Immunizations Month, are you looking for clear-cut ways to improve your practice's efficiency in administering vaccines and increase your immunization rates?

Here are the basics:

- Keep staff up-to date-with current recommendations.
- Maintain complete, up-to-date patient records.
- Maintain and protect your vaccine supply.
- Help your patients anticipate their need for vaccinations.
- Avoid "missed opportunities" to vaccinate.
- Maintain administration best practices.
- Improve access to your immunization services.
- Communicate with patients and parents.
- Evaluate and improve your practice's performance



Fall Prevention Tips

Every year, one in three adults age 64 or older falls. Half of all falls occur in a person's home. Falls are the main reason older adults go to the emergency room. But simple home modifications and exercises that improve strength and balance can help reduce the risk of falling. Below is a list of tips you can provide to your patients:

- Improve balance and strength with exercise programs
- Reduce tripping hazards – keep cords, shoes, papers, plants and boxes out of walkways
- Add grab bars in and beside the tub/shower and next to the toilet
- Use a nonslip mat or appliques in the tub/shower
- Install railings on both sides of stairways
- Improve lighting and use nightlights
- Avoid throw rugs or use nonskid mats or tape
- Have eyes checked by an eye doctor at least once a year
- Have medications reviewed to identify those that may cause dizziness or drowsiness

Speaking to your patients about fall prevention is important. A lot of older adults don't recognize that falls can change their independent lifestyles in the blink of an eye. Some older adults also associate installation of safety equipment, such as grab rails in the bathroom, with becoming frail and dependent. So talking to them sooner can make transitioning easier to accept.

Source: www.cdc.gov/media/matte/2012/07_falls.pdf

Affirmative Statement

'Ohana's Utilization Management Program decision making is based only on appropriateness of care, service and existence of coverage. 'Ohana does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

If you have questions about this program, please call Provider Services at the number located at the end of this newsletter.

Quality Member Programs

Our goal is to provide members with direct access to health education and preventive/wellness screenings in their homes and communities at no cost. You can help by telling your members about our programs. We are focusing on giving members the opportunity to receive assistance through the following programs:

- **Telephonic Outreach Campaigns:** Calls are conducted with members to educate them on the importance of visiting their doctor. In addition, assistance is provided with scheduling their physician appointments/health screenings.
- **HealthFair® Mobile Bus Screenings*:** Eligible members are contacted through third-party vendor, HealthFair, to schedule their annual Comprehensive Wellness Exam at a location near their residence to help close specific Healthcare Effectiveness Data and Information Set® (HEDIS) measures.
- **HealPros® Retinal Exams**:** Digital diabetic retinal exams are conducted through third-party vendor, HealPros, with members in the comfort of their homes. Screening results are provided by WellCare directly to the member's PCP.
- **MedXM® Bone Density Tests:** In-home bone density screenings are completed with targeted members through vendor, MedXM.
- **Quest Diagnostics™ Colorectal Screenings:** InSure® FIT™ collection kits are provided to eligible members for completion of an in-home colorectal cancer screening.
- **CVS HEALTHTAG™ Initiative:** Pharmacy technicians are encouraged to inform and educate members through important reminders when they pick up their prescriptions. Reminders are provided for diabetic management, nephropathy and rectal screenings as well as breast and colon cancer exams.
- **Novu Health & Wellness Program:** Members receive up to \$25 in gift card rewards for completing health care activities. These include breast cancer and colon cancer screenings diabetes screenings, bone density screenings and annual physical exams.

Note: Member selection to participate in our programs is based on a member's care needs, and there is no cost share for the services offered.

*The HealthFair campaign does not apply to Connecticut, Hawaii and New Jersey Medicare members.

**The HealthPros initiative does not apply to California Medicare members; the California market has contracted with Premier Eye Care to conduct mobile eye screenings.

Updating Provider Directory Information

We rely on our provider network to advise us of demographic changes so we can keep our information current.

To ensure our members and Service Coordination staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.

New Phone Number, Office Address or Change in Panel Status:

Send a letter on your letterhead with the updated information. Please include contact information if we need to follow up on the update with you.

Please send the letter by any of these methods:

- Call: 1-888-846-4262
- Fax: 1-866-788-9910
- Mail: 'Ohana Health Plan
Attention: Provider Operations
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707

Thank you for helping us maintain up-to-date directory information for your practice.

Member Rights & Responsibilities

Our members, your patients, have the following rights and responsibilities:

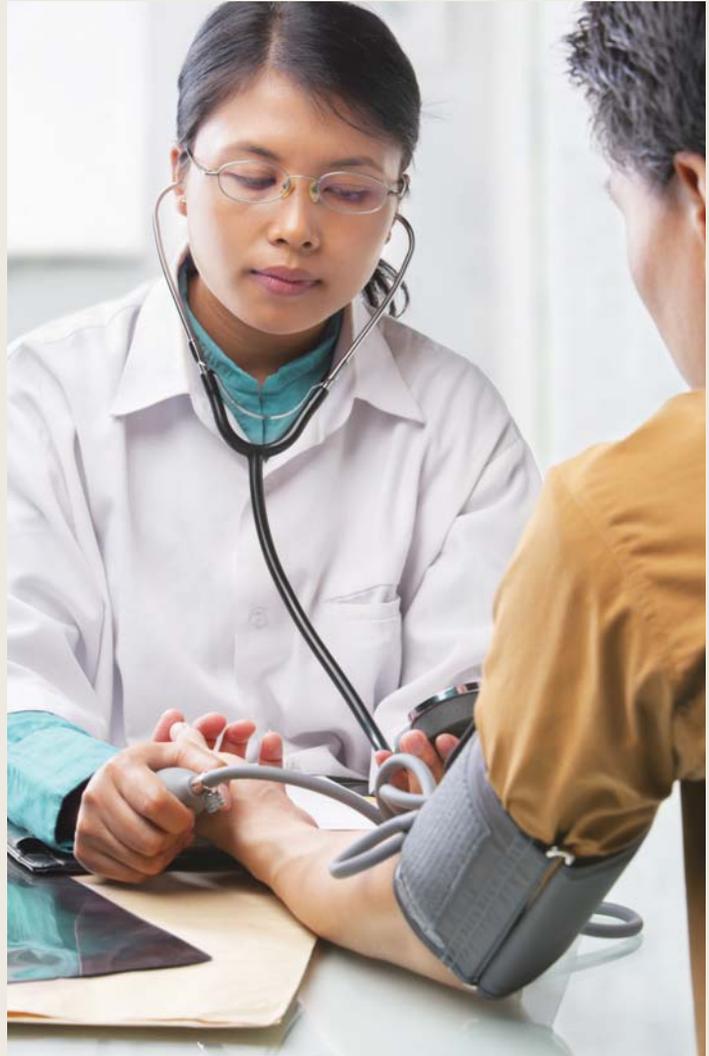
Rights

- To receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- To be treated with respect and dignity
- To have your privacy protected
- To participate with practitioners in making decisions about your health care
- To a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost and benefit coverage
- To voice complaints or appeals about the plan or the care it provides
- To make recommendations regarding the plan's member rights and responsibilities policy

Responsibilities

- To supply information that the plan and its doctors and providers need to provide care
- To follow plans and instructions for care that you have agreed on with your doctor
- To understand your health problems
- To help set treatment goals that you and your doctor agree to

Additional rights & responsibilities are located in the Provider Manual and Member Handbook.



Medicaid

Antipsychotic Medications and Diabetes

Member who are diagnosed with Schizophrenia, Bipolar Disorder, Irritability associated with Autistic Disorder, Major Depressive Disorder, etc., are commonly prescribed Atypical Antipsychotic Medications. Members on Second Generation Antipsychotic medications such as Serotonin-Norepinephrine Reuptake Inhibitors, Tricyclic and/or other Tricyclic Antidepressants, etc; have been linked to changes in body weight. This risk factor has been found to put the member at risk for developing metabolic conditions such as diabetes. 'Ohana Health Plan encourages our providers to have their members receive an annual diabetic screenings. For more information on Clinical Practice Guidelines, visit our website at <https://www.wellcare.com/en/Hawaii/Providers/Clinical-Guidelines>

Quality Health Care: We're in this Together

The Centers for Medicare & Medicaid Services (CMS) is closely monitoring patients' experiences with their health care and their overall health outcomes. In recognition of the importance of understanding the patient/member experience, 'Ohana Health Plans, Inc. launched a mock off-cycle Consumer Assessment of Providers & Healthcare Systems® (CAHPS) survey in August 2016. A total of 140,000 Medicare members were randomly selected to participate, with 50,000 members actually participating.

The survey asked members to provide feedback about their experiences with their personal doctor, access to health care, and with the health plan. The survey offered immediate intervention to members with multiple care gaps and to members with lower than expected satisfaction with their health plan. We shared member feedback with providers and provider groups to help identify opportunities and to recognize exemplary performance.

The CAHPS survey stands apart from other quality improvement evaluation opportunities. It is designed to solicit member experience directly from the patient. Member perception is a critical component of their overall health care experience. Using the results of the 2016 mock off-cycle CAHPS survey, 'Ohana created the Provider Plaque Quality Award Program to extend special recognition to physicians who were rated a 9 or 10 by members who responded to the mock survey. 'Ohana recognized 683 providers who were identified by their patients (based on patient satisfaction) to receive the high honor. Congratulations to providers who received Patient Satisfaction Awards for helping our members live better, healthier lives.

'Ohana will launch this year's mock CAHPS survey during August and September. We plan to add new questions to about members' experience in their providers' offices. Please encourage your patients to respond to the survey if they are selected to participate. Thank you for partnering with us to give our members – your patients – access to quality health care



Have You Heard about STARCare?

In 2016, we launched our STARCare Program. It consists of a dedicated team of 'Ohana associates to conduct targeted outreach to our Medicare members.

The goal of the program is to proactively contact members to help improve their health by:

- Ensuring a solid understanding of plan benefit information
- Conducting Health Risk Assessments (HRAs)
- Welcoming new members and completing Transitional Needs Assessments (TNAs)
- Removing barriers and assisting in maintaining continuity of care
- Initiating clinical connections to support the quality of their care management (i.e., primary care physician, etc.)

We advocate for our members and measure our success by their health outcomes. We strive to deliver a positive member experience and improve their quality of care. This isn't possible without our partnership with our dedicated providers.

Medical Record Requests for Risk Adjustment Review

The Centers for Medicare & Medicaid Services (CMS) pays managed care plans based on the health status of their members. All Medicare Advantage plans obtain health status documentation from diagnoses contained in claims and from information in the member's medical record. On January 1 of each year, members' chronic conditions are resolved in the CMS model. CMS requires us to report the presence of chronic persistent conditions each year for each member.

By providing medical record documentation for risk adjustment review, 'Ohana can avoid unnecessary and costly administrative revisions and premium changes. Coding accuracy also helps 'Ohana identify patients who may benefit from disease and medical management programs.

What is being requested?

Records for all dates of service from Jan. 1, 2016 through Dec. 31, 2017, to include the following:

- History and physical progress notes, consultations
- Discharge, consults, diagnostic results, pathology summaries and reports
- Subjective, objective assessments and plan notes
- Surgical procedures, operating room summaries
- Must state patient's name and dates of service on chart for each date of service
- CMS requires all signatures contain provider name, credentials and date signed

Who will be requesting records?

'Ohana Health Plan, Inc., has entered into business agreements with CIOX Health, Altegra Health™ and Centauri Health Solutions® to retrieve charts on our behalf. Compliance with these requests is not a Health Insurance Portability and Accountability Act (HIPAA) violation. The HIPAA Privacy Rule allows providers to release protected health information to health plans and their agents for health care operations and risk management (www.cms.gov).

How to submit records:

Please refer to the instructions on the medical record request you've received. For questions or concerns, please contact the Risk Adjustment Department at RapsChartsIntake@wellcare.com.





EFT through PaySpan

Five reasons to sign up today for EFT:

- No interrupting your busy schedule to deposit a check.
- No waiting in line at the bank.
- No lost, stolen, or stale-dated checks.
- YOU control your banking information.
- Immediate availability of funds – NO bank holds!

Setup is easy and takes about 5 minutes to complete. Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan (1-877-331-7154) with any questions.

We will only deposit into your account, NOT take payments out.

Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the *Secure Login* area on our homepage. You will see *Messages from 'Ohana* on the right. Provider Homepage - www.ohanahealthplan.com/provider

Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide, for detailed information on many areas such as Claims, Appeals, Pharmacy, etc. These are located at www.ohanahealthplan.com/provider, select *Overview* from the Providers drop-down menu for Medicaid, Medicare and Community Care Services (CCS).

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at www.ohanahealthplan.com/provider, click on *Tools*.

We're just a phone call or click away!

'Ohana Health Plan, Inc.
Medicare: 1-888-505-1201

'Ohana Health Plan, Inc.
Medicaid: 1-888-846-4262

www.ohanahealthplan.com/provider